



11/11/2005 12:59 FAX 425 867 4142

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Medtronic Emergency Response Systems  
11811 Willows Road NE  
P. O. Box 97006  
Redmond, WA 98073-9706

## FAX COVER SHEET

DATE: Nov 11, 2005

TO: USPTO  
Mail Stop ISSUE FEE

FROM: Mary Y. Redman

FAX: 571-273-2885

FAX: 425-867-4142

PHONE: 425-867-4465

Number of pages including cover sheet: 2

RE: Application No. 09/760,212  
Attorney Docket No.: 1023-253US01

☐ Issue Fee Transmittal

*Alleviating pain, Restoring health, Extending life*



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## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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01 FC:1501 1400.00 DA  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Mary Y. Redman (Depositor's name)  
Mary Y. Redman (Signature)  
Nov 11, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/760,212	01/12/2001	Joseph L. Sullivan	1023-253US01	2683

TITLE OF INVENTION: CIRCUIT FOR PERFORMING EXTERNAL PACING AND BIPHASIC DEFIBRILLATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	11/14/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SCHAETZLE, KENNEDY	3762	607-004000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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Mary Y. Redman  
2  
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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Physio-Control Manufacturing  
Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Redmond WA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Typed or printed name

Mary Y. Redman  
Mary Y. Redman

Date

Registration No.

11-11-05  
29,881

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